



# APPLICATION FOR ROUTE / TRUCK PERMIT

State Form 50907 (R / 9-08)

## INDIANA STATE BOARD OF ANIMAL HEALTH DAIRY DIVISION

805 Beachway Drive, Suite 50  
Indianapolis, IN 46224  
Telephone: (317) 227-0350  
Fax number: (317) 227-0330

Pursuant to the provisions of IC 15-18-1-3, the following is an application form for a milk route / truck permit.

- INSTRUCTIONS:**
1. Please print clearly.
  2. Only one tank permit for each application. Permits must be renewed each year.
  3. Before the application can be considered, it must be filled out completely, signed by the applicant, and the tank inspected.
  4. Renewal permits will only be issued if tank / truck is inspected within the last year.
  5. Please complete this form and return it via fax or mail to the address above.

Permit issued		Tag(s) issued	
Please check one: <input type="checkbox"/> New <input type="checkbox"/> Renewal		Please check one: <input type="checkbox"/> Bulk farm route truck <input type="checkbox"/> Can milk route truck <input type="checkbox"/> Over the road (OTR) transport tank	
Name of applicant		Permit number	
Address (number and street, city, state and ZIP code)			
Telephone number (      )		Cell phone number (      )	
Bulk Tank Unit (BTU) number(s)		Route number(s)	
Bulk tank serial number and make		Is this the same truck permitted last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, does this truck replace another? <input type="checkbox"/> Yes <input type="checkbox"/> No		Truck number replaced	
		License plate number of truck	
		Company unit number	
List states and/or plants you regularly unload in			
Other products hauled or handled			
This is to affirm under penalty that the above facts are true and that I am complying and will continue to comply with all laws and rules pertaining to my business.			
Signature of applicant		Date of signature (month, day, year)	

This is to affirm that I have examined said vehicle and find it in compliance with the rules, and I hereby approve this application and request the issuance of a permit. Authorized signature required for new trucks only.

Signature of authorized representative of the Board of Animal Health	Date of signature (month, day, year)
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